## HCBS HEIGHTENED SCRUTINY REVIEW DOCUMENTATION GUIDANCE RESIDENTIAL SETTINGS

FINAL – 2/11/2019

The purpose of this document is to provide guidance about what the evidence must demonstrate - and/or the provider must show – for each of the issues that put the setting on the Heightened Scrutiny Review list. Some issues may be addressed by the provider providing documents requested for a Desk Audit; other issues may require an On-site Review.

The "Tier/Question" sections identify the issues that resulted in the presumption the setting is NOT home and community based, and therefore is subject to the Heightened Scrutiny Review process. These sections include: 1) a general statement about what must be documented to show the setting IS home and community based; 2) sources of evidence for the documentation; and 3) specific elements that the documentation must address. **NOTE:** Not all sources of evidence have to be provided, and not all "bulleted elements" need to be addressed. *HOWEVER*, sufficient sources and evidence must be provided to meet the criteria specified in the statement "**The evidence must document:**"

The HS Review process is a sequential one, and <u>all issues must be addressed – beginning with</u> the Tier / Question that put the setting on the HS List. For example: if the setting is on the HS List for either of the Tier 2 issues, that issue <u>and</u> all Tier 3 and Tier 4 issues must be addressed. (If the setting is not on the HS List for a Tier 2 issue, then only Tier 3 and Tier 4 issues must be addressed.)

TIER 2 - QUESTIONS #9 & #12				
<b>The evidence must document:</b> That despite being on the same grounds of, or adjacent to, a facility the residence functions independently from the facility; and the setting does not isolate individuals from the larger community.				
Q #9	Issue: Is the residence separate from or outside of the building or off the ground of a hospital, nursing, ICF/IID or IMD?	Evidence Sources: Separate financial reporting. Separate board/governance membership. Campus map showing independent structure and access. Separate training requirements including evidence of training provided to staff that support choice and independence. License of where service is provided. Staff interview supporting separate staff training. Photos showing separate entrances and signage.		
Q #12	Issue: Is the residence located outside of a building and off the campus of an education program, school or child-caring institution?	Evidence Sources: Observation of location and settings and for what population. Separate financial reporting. Separate board/governance membership. Campus map showing independent structure and access. Separate training requirements including evidence of training provided to staff that support choice and independence. License of where service is provided. Staff interview supporting separate staff training. Photos showing separate entrances and signage.		

## TIER 3 - QUESTIONS #11, #10 & #163

The evidence must document: That even if the home is located in close proximity to other homes, or only people with disabilities live in the home, the HCBS participants who reside there are not isolated from the greater community and are able to interact with the community to the same extent as any other individual who lives in the community and to the degree they wish. When the participant lives in a disability specific setting there must be documentation that clearly identifies the settings the individual was offered that include people without disabilities and that visits to various

settings	settings were encouraged and facilitated to ensure choice of settings.			
Q #11	Issue: Can people with different types of disabilities and individuals without disabilities live in the home?	<ul> <li>Evidence Sources: Policy &amp; procedures and pamphlets relative to who is served in the setting. Policies &amp; procedures that focus on community inclusion and/or integration.</li> <li>Observation of diversity. Report of staff &amp; participant relative to individuals served. IPOS supports choice of where to live including non-disability specific settings.</li> <li>Evidence the participant chose the setting from among others, including those that are not disability specific.</li> <li>Do policies &amp; procedures PERMIT people without disabilities to live in the home?</li> <li>Do policies &amp; procedures PROHIBIT residents without disabilities to live here?</li> </ul>		
Q #10	Issue: Is the residence located away from multiple home settings for people with disabilities?	<ul> <li>Evidence Sources: Observation of location and settings and for what population.</li> <li>Licensing of multiple home-settings.</li> <li>Does this provider operate other residential homes located on the same site or same street as this setting?</li> <li>Do the homes share programming &amp; staff?</li> <li>In what ways do residents interact with the broader community?</li> </ul>		
Q #163	Issue: Does the residence provide a "continuum of care" (i.e., are all services provided in-house?)	<ul> <li>Evidence Sources: Provider's statement as to whether residents have the choice to go into the community to access services &amp; supports (e.g. doctor's appointments, attending church, getting a haircut, going to the library) or are required to use services brought into the residence. Staff and participant interviews.</li> <li>Participants in the setting do not have to rely primarily on services provided by the setting, to the exclusion of other options.</li> <li>Services to the individual, and activities in which the individual participates, are engaged with the broader community.</li> </ul>		

## TIER 4 - QUESTIONS #13, #69, #70 & #75

The evidence must document: That participants are not isolated from the broader community and from people without disabilities, that participants are supported in accessing the broader community to the extent they wish and in the manner they prefer, and participants have access to transportation to support their choices to the same extent that non-HCBS individuals in the same community do. When access to the broader community and/or access to transportation is restricted for an individual participant, there must be modifications to the individual's plan in conformance with the requirements of the rule related to health or safety concerns.

Q #13

Issue: Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services?

Evidence Sources: Policy and procedures that support community inclusion. Individual calendars of activities and/or activity logs supporting more than 1X per week activities including individuals not receiving services. Staff and participant interviews. Restrictions are identified in plan in conformance with requirements of rule.

- Procedures support activities in the greater community according to the individual's preferences and interests.
- Staff training materials that speak of the need to support individuals' chosen activities.
- Schedules are varied according to the typical flow of the local community (appropriate for weather, holidays, sports seasons, faith-based observation, cultural celebrations, employment, etc.).
- The individual participates regularly in typical community life activities outside of the setting to the extent the individual desires. Such activities do not include only those organized by the provider agency specifically for a group of individuals with disabilities and/or involving only paid staff; community activities should foster relationships with community members unaffiliated with the setting.

Q #69	Issue: Can individuals choose to come and go from the home when they want?	Evidence Sources: Policy and procedures that support choice of coming and going. Staff and participant report and observation of such. Restrictions are identified in the plan in conformance with requirements of the rule. Daily calendars, schedules for individuals, staffing levels which support individuals' access to the community as identified in their IPOS. Absence of house rules prohibiting individuals from coming and going when they want.  • What opportunities do residents have to access the broader community to the extent they want to?  • How are residents supported in accessing the broader community?
Q #70	Issue: Can individuals move inside and outside the home when they want?	Evidence Sources: Key pad, key or gate card to residence that residents have access to. Unlocked outside access doors. Observation of individuals moving inside and outside the home when they want. P&P relative to access to setting. Staff and participant report and observation of such. Restrictions are identified in plan in conformance with requirements of rule. Absence of house rules prohibiting individuals moving inside and outside the home.
Q #75	Issue: Is accessible transportation available for individuals to make trips to the community?	Evidence Sources: Public transportation schedules posted. Participant and staff report on availability of accessible transportation.  Observation of individuals using accessible transportation. Restrictions are identified in plan in conformance with requirements of rule.  Resident's Care Agreement identifies participant's access to transportation. (NOTE: the standard here is access to transportation that is consistent with other people who live in the community and do not have disabilities.)  • Participants do not have to rely primarily on transportation provided by the setting, to the exclusion of other options.  • Maps showing access to public transportation or documentation that identifies how individuals can access other transportation options (taxi, uber, other community-based ride options).  • Description of the proximity to avenues of available public transportation or an explanation of how transportation is provided where public transportation is limited.